

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - *12393*

2. Fiscal Year Covered From

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Richard A Van Roy

P.O. Box, Bldg., Room No., if any

Street 900 Regent Ln.

City Green Bay

State Wisconsin ZIP Code + 4 54311-5949

4. Name, file number, and address of labor organization.

Name Asbestos Workers AFL-CIO LU 00127

Labor Organization File Number 005-874

P.O. Box, Building and Room Number, if any

Street 900 Regent Ln.

City Green Bay

State Wisconsin ZIP Code + 4 54311-5949

5. Position in labor organization.

Business Manager

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Richard A. Van Roy

On

8/14/2005

Date

920-465-7877

Telephone Number

Name of Person Filing Richard Van Roy	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name if any). Name Organization Management Services Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite D Street 3315 N. Ballard Rd. City Appleton State Wisconsin ZIP Code + 4 54911-8988	9. Business deals with: a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name InsulationContractAssnNWI&UPMI IndustryTrust Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite D Street 3315 N. Ballard Rd. City Appleton State Wisconsin ZIP Code + 4 54911-8988	11.a. Nature of such dealing My wife and I attended the (Mechanical Contractors Association of N. Central WI Industry Fund-WI Fox Valley Sheet Metal Contractors Association Industry Fund-Insulation Contractors Association of N. WI and Upper MI Industry Fund) 27th Annual Joint Dinner. 11.b. Approximate dollar value of such dealing. \$147 12.a. Nature of interest held or income received. 12.b. Amount. \$147

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	